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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional) 5203-001REF

As a below named inventor, I hereby declare that:						
My residence, post office address and citizenship are stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first						
and joint inventor (if plural names are listed below) of the subject matter which is described and claimed						
in patent number <u>5,970,976</u> , granted <u>October 26, 1999</u> , and for which a						
reissue patent is sought on the invention entitled APPARATUS AND METHOD FOR GENERATING PRESSURE						
CHANGES IN A MAMMALIAN ORAL/THROAT CAVITY,						
the specification of which						
⊠ is attached hereto.						
was filed on as reissue application number /						
and was amended on						
and was amended on (If applicable)						
I have reviewed and understand the contents of the above identified specification, including the claims,						
as amended by any amendment referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in						
37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described						
below. (Check all boxes that apply.)						
by reason of a defective specification or drawing.						
☑ by reason of the patentee claiming more or less than he had the right to claim in the patent. More particularly, I claimed less literally than I had a right to claim in the patent; namely, by limiting all of the claims of the patent to the recitation of elements unnecessary to define the invention in a literal reading of its broadest aspects (although not believed to be so limiting under the doctrine of equivalents and other legal principals) and primarily by reason of the specific wording of claims 1, 4, 11 and 12 so as to recite that the method and apparatus of the invention is directed to "inducing pressure changes in a mouth and throat cavity" (emphasis supplied).						
by reason of other errors.						
At least one error upon which reissue is based is described as follows:						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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(REISSUE APPLICA	ATION DECLARATION BY THE II	NVENTOR, pag	NTOR, page 2) Docket Number (Optional) 5203-001REF			
applicant As a named	his reissue application arose without a inventor. I hereby appoint the followings in the Patent and Trademark Office	g attorney(s) and	or agent(s)		this application	
Name(s) Registration Number						
Gordon K. Harris, Jr. 28615						
_	ess: Direct all communications about	the application to	. (
	Number (27572 * *27572*					
OR	Type Customer Number ha	ere	ł	41.	712	
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Country	USA					
Telephone	248-641-1600	Fax)	1-0270		
 be inve; and further that these mpdsonment, or both, unde 	pments made herein of my own knowledge are the statements were made with the knowledge to it. 18 U.S.C., 1001, and that such willful false statch this doctoration is directed.	inai wiliful false state:	nants and the i	ike so mada an	e bunishable by line and	
Full name of sole or fire Hongwei Zhao	st inventor (given name, family name)					
Inventor's signature	Hongwei Zhao					
Residence 977 Thompson Blvd., I CANADA	Windsor, Ontario N8\$ 2G7.	Date 17/10/2001				
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Full name of second jo	oint inventor (given name, family name	2)				
Inventor's signature Date						
Residence	Crtizenship					
Mailing Address		J				
Full name of third Joint	inventor (given name, family name)		· · · · · · · · · · · · · · · · · · ·			
Inventor's signature	Date					
Residence	Citizenship					
Mailing Address						
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